

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																																					
1 Date of Request: <u>8-25</u>		2 Serial/Patent # <u>356229</u>																																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10px; text-align: center;"><input checked="" type="checkbox"/></td><td style="padding: 2px;">Filing</td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%; text-align: right;">\$ <u>120</u></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing			\$ <u>120</u>	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">4 PAPER NUMBER</td> <td style="width: 30%; padding: 2px;">5 DATE FILED</td> <td style="width: 40%; padding: 2px;">6 AMOUNT</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="padding: 2px;">7 TOTAL AMOUNT OF REFUND</td> <td style="text-align: right; padding: 2px;">\$ <u>120</u></td> </tr> <tr> <td colspan="3" style="padding: 2px;">8 TO BE REFUNDED BY:</td> </tr> <tr> <td colspan="3" style="padding: 2px;"><input checked="" type="checkbox"/> Treasury Check</td> </tr> <tr> <td colspan="3" style="padding: 2px;"> <input checked="" type="checkbox"/> Credit Deposit A/c #: <u>02-4300</u> </td> </tr> </table>	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT				7 TOTAL AMOUNT OF REFUND		\$ <u>120</u>	8 TO BE REFUNDED BY:			<input checked="" type="checkbox"/> Treasury Check			<input checked="" type="checkbox"/> Credit Deposit A/c #: <u>02-4300</u>		
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<input type="checkbox"/>	Duplicate Payment																																																																				
<input type="checkbox"/>	No Fee Due (Explanation):																																																																				
11 REFUND REQUESTED BY: <u>D. Bates</u>																																																																					
TYPED/PRINTED NAME:		TITLE: <u>Ex</u>																																																																			
SIGNATURE: <u>[Signature]</u>		PHONE: <u>3081157</u>																																																																			
OFFICE: <u>ANAR</u>																																																																					

THIS SPACE RESERVED FOR FINANCE USE ONLY:																																																																					
APPROVED: <u>[Signature]</u>		DATE: <u>8/31/95</u>																																																																			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B